

original

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

11 CV. 5853

Kwaine Thompson

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Manhattan, Detention Center

Warden Hall, Captain Webb, Captain

Dunham, Dep Colon

n.y.c. Department of Correction

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Kwaine Thompson

ID # 241-1102373

Current Institution Manhattan Detention Center

Address 125 White, st

NEWYORK, NEWYORK, 10013

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

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Defendant No. 1 Name Warden Hall Shield # _____
 Where Currently Employed M.D.C
 Address 125 White st
NEWYORK, NY, 10013

Defendant No. 2 Name CAPTAIN Webb Shield # _____
 Where Currently Employed M.D.C
 Address 125 White st
NEWYORK, NY, 10013

Defendant No. 3 Name CAPTAIN DUNHAM Shield # _____
 Where Currently Employed M.D.C
 Address 125 White st
NEWYORK, NY, 10013

Defendant No. 4 Name DEP Colon Shield # _____
 Where Currently Employed M.D.C
 Address 125 White st
NEWYORK, NY, 10013

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur? M.D.C
Manhattan Detention Center
- B. Where in the institution did the events giving rise to your claim(s) occur? 11 east /
9 north
- C. What date and approximate time did the events giving rise to your claim(s) occur? _____
June 8th until August 10th, 2011

D. Facts: I was told by the security staff that my mail will be going through security before it gets to me. This process sometimes takes 3 to 7 days, and there's no legal reasons for the mail to reach me. They are categorizing me with other inmates who has mail restrictions. The only restrictions I have is the phone.

What happened to you?

Who did what?

Warden Hall, Capt Webb, Capt. Dunham, Dep. Colon withheld my mail for days on end.

Was anyone else involved?

I do not know, There's a good possibility there is someone else

Who else saw what happened?

Officer vega, and officer Dejesus

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I saw the pyschitrist on this matter.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Manhattan Detention Center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Manhattan Detention Center

1. Which claim(s) in this complaint did you grieve? I grieved the fact that my mail is being withheld and it's not being delivered in a timely fashion.

2. What was the result, if any? There was no results because they did not respond.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I spoke to all the Captains I put into this lawsuit.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you

informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I want the Court to make it a law for the Department of corrections not to withhold inmates Mail. I'm also seeking punitive damages in the amount of 5,000,000 \$ And the basis for this is that the judge only order me to have phone restrictions, and not mail restrictions The Department of corrections decided to put me under the Banner of having my mail restricted like other inmates. That's not fair and it's most definitely not legal.

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ___ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ☒

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of August, 2011.

Signature of Plaintiff

Quaine Thompson

Inmate Number

241-11-02373

Institution Address

125 White , St.

NY , NY, 10013

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 12 day of August, 2011, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Quaine Thompson